PLYMOUTH CARE CENTER

PLIMOUTH CARE CENTER			
916 EAST CLIFFORD STREET			
PLYMOUTH 53073 Phone: (920) 893-4777		Ownership:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/05):	60	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/05):	60	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/05:	54	Average Daily Census:	57
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Age, Gender, and Primary Diagnosis	Length of Stay (12/31/05)							
Primary Diagnosis	*	Age Groups	*	Less Than 1 Year 1 - 4 Years				
Developmental Disabilities	0.0		0.0	1 - 4 lears More Than 4 Years	40.7 29.6			
Mental Illness (Org./Psy)	20.4	65 - 74	3.7					
Mental Illness (Other)	1.9	75 - 84	16.7		100.0			
Alcohol & Other Drug Abuse	0.0	85 - 94	50.0					
Para-, Quadra-, Hemiplegic	1.9	95 & Over	29.6	Full-Time Equivalent				
Cancer	0.0			Nursing Staff per 100 Resid	dents			
Fractures	1.9		100.0	(12/31/05)				
Cardiovascular	22.2	65 & Over	100.0					
Cerebrovascular	14.8			RNs	9.9			
Diabetes	3.7	Gender	8	LPNs	8.1			
Respiratory	3.7			Nursing Assistants,				
Other Medical Conditions	29.6	Male	24.1	Aides, & Orderlies	38.8			
		Female	75.9	İ				
	100.0			j				
			100.0	İ				

Method of Reimbursement

		edicare itle 18			Medicaid 'itle 19			Other			Private Pay	2		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	્ર	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	1	2.5	149	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.9
Skilled Care	0	0.0	0	37	92.5	128	0	0.0	0	14	100.0	169	0	0.0	0	0	0.0	0	51	94.4
Intermediate				2	5.0	106	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	3.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende:	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		40	100.0		0	0.0		14	100.0		0	0.0		0	0.0		54	100.0

PLYMOUTH CARE CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	31.6	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		66.7	33.3	54
Other Nursing Homes	18.4	Dressing	11.1		75.9	13.0	54
Acute Care Hospitals	47.4	Transferring	29.6		53.7	16.7	54
Psych. HospMR/DD Facilities	0.0	Toilet Use	25.9		59.3	14.8	54
Rehabilitation Hospitals	0.0	Eating	50.0		44.4	5.6	54
Other Locations	0.0	*******	******	*****	*****	*******	*****
Total Number of Admissions	38	Continence		%	Special Treatmen	its	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	7.4	Receiving Resp	iratory Care	9.3
Private Home/No Home Health	25.0	Occ/Freq. Incontiner	nt of Bladder	38.9	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	27.8	Receiving Suct	ioning	1.9
Other Nursing Homes	2.5	į			Receiving Osto	omy Care	0.0
Acute Care Hospitals	2.5	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	33.3
Rehabilitation Hospitals	0.0	į -			_	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	62.5	With Pressure Sores		3.7	Have Advance D	irectives	100.0
Total Number of Discharges		With Rashes		3.7	Medications		
(Including Deaths)	40				Receiving Psyc	hoactive Drugs	59.3

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownership:		Bed	Size:	Lic	ensure:				
	This	Pro	Proprietary Peer Group % Ratio		-99	Ski	lled	Al	1		
	Facility	Peer			Group	Peer	Group	Faci	lities		
	%	%			% Ratio		Ratio	8	Ratio		
Occupancy Rate: Average Daily Census/Licensed Beds	95.0	85.8	1.11	86.3	1.10	88.8	1.07	88.1	1.08		
Current Residents from In-County	94.4	81.3	1.16	80.0	1.18	83.2	1.14	77.6	1.22		
Admissions from In-County, Still Residing	42.1	16.8	2.51	18.8	2.24	18.7	2.25	18.1	2.32		
Admissions/Average Daily Census	66.7	216.2	0.31	180.5	0.37	177.7	0.38	162.3	0.41		
Discharges/Average Daily Census	70.2	217.8	0.32	178.7	0.39	179.2	0.39	165.1	0.42		
Discharges To Private Residence/Average Daily Census	17.5	100.9	0.17	87.1	0.20	83.4	0.21	74.8	0.23		
Residents Receiving Skilled Care	96.3	97.2	0.99	96.4	1.00	96.3	1.00	92.1	1.05		
Residents Aged 65 and Older	100	91.5	1.09	93.5	1.07	91.3	1.10	88.4	1.13		
Title 19 (Medicaid) Funded Residents	74.1	61.7	1.20	59.0	1.26	61.8	1.20	65.3	1.13		
Private Pay Funded Residents	25.9	19.4	1.33	24.5	1.06	22.5	1.15	20.2	1.29		
Developmentally Disabled Residents	0.0	0.9	0.00	0.8	0.00	1.1	0.00	5.0	0.00		
Mentally Ill Residents	22.2	28.9	0.77	31.6	0.70	34.8	0.64	32.9	0.68		
General Medical Service Residents	29.6	23.7	1.25	26.1	1.14	23.0	1.29	22.8	1.30		
Impaired ADL (Mean)	47.0	47.9	0.98	47.8	0.98	48.4	0.97	49.2	0.96		
Psychological Problems	59.3	59.1	1.00	57.6	1.03	59.5	1.00	58.5	1.01		
Nursing Care Required (Mean)	6.5	7.1	0.92	7.0	0.93	7.2	0.90	7.4	0.87		